EARL GRAHAM POST 159 AMERICAN LEGION

VA BENEFITS CLAIM REQUEST FORM

For veterans requesting assistance filing a claim for VA benefits

REQUIRED DOCUMENTATION: A copy of your DD Form 214 (Certificate of Release or Discharge from Active Duty) must be submitted with this application.

APPLICANT INFORMATION

Applicant Name _____ Telephone _____

Address _____ Email _____

City _____ State _____ Zip _____

Gender _____

VETERAN VERIFICATION & SERVICE

Verification of Veteran Status (check all that apply):

☐ DD Form 214 ☐ ID Card ☐ VA Eligibility Card ☐ Other

Branch of Service _____ Years Served (MM/YY – MM/YY) _____

VA File Number (if known) _____ Social Security Number (last 4) _____

TYPE OF BENEFIT REQUESTED (CHECK ALL THAT APPLY)

☐ Disability Compensation ☐ Pension ☐ Health Care Enrollment

☐ Education / GI Bill ☐ Home Loan Guaranty ☐ Life Insurance

☐ Vocational Rehab & Employment ☐ Burial & Memorial Benefits ☐ Other

If “Other,” please specify _____

CLAIM DETAILS

Briefly describe the condition, benefit, or circumstance related to this claim (e.g., service-connected condition, dates, prior claims filed, current status).

ADDITIONAL ASSISTANCE NEEDED

☐ Help completing VA forms ☐ Gathering supporting documents ☐ Appeal of a denied claim

☐ Referral to a Veterans Service Officer (VSO) ☐ Other

APPLICANT CERTIFICATION

_____ (initial) I certify that the information provided on this form is true and accurate to the best of my knowledge.

_____ (initial) I authorize Earl Graham Post 159 American Legion to assist with and, if applicable, discuss this claim on my behalf with the Department of Veterans Affairs.

Applicant Signature	Printed Name	Date